

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: 44158/244344 (SJ-0029)

Inventors: Schuetz et al.

Serial No.: 09/974,619

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Filing Date: October 10, 2001

JAN 26 2005

Examiner: Johannsen, Diana B.

Group Art Unit: 1634

Title: Genotyping Assay to Predict CYP3A5
Phenotype

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Kathleen A. Tyrrell, Registration No. 38,350

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Dear Sir:

SUPPLEMENTAL AMENDMENT

Please enter the following amendments and remarks into the
record.

Amendments to the Specification begin on page 2.

Remarks begin on page 13.

FACSIMILE COVER SHEET

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TO: Examiner Johannsen (TC1600)**GROUP:** 1634**FAX NUMBER:** 571-273-8300**ATTORNEY DOCKET NO.:** SJ-0029**SERIAL NO.:** 09/974,619**FILED:** October 10, 2001**NUMBER OF PAGES:** 16**MESSAGE:** Attached please find Amendment Transmittal Letter; Supplemental Amendment; and Certificate of Transmission by Facsimile.

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Applicant(s): Schuetz et al.

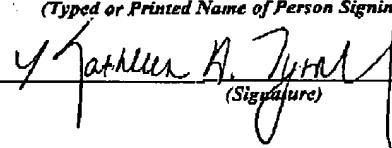
Docket No.

SJ-0029

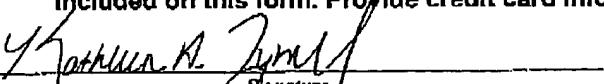
Application No.
09/974,619Filing Date
October 10, 2001Examiner
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1634

Invention: GENOTYPING ASSAY TO PREDICT CYP3A5 PHENOTYPE

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. SJ-0029				
Applicant(s): Schuetz et al.								
Application No. 09/974,619	Filing Date October 10, 2001	Examiner Diana B. Johannsen	Customer No. 31949	Group Art Unit 1634	Confirmation No. 8446			
Invention: GENOTYPING ASSAY TO PREDICT CYP3A5 PHENOTYPE								
<u>COMMISSIONER FOR PATENTS:</u>								
Transmitted herewith is an amendment in the above-identified application.								
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27								
The fee has been calculated and is transmitted as shown below.								
CLAIMS AS AMENDED								
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE			
TOTAL CLAIMS	41 -	47 =	0	x \$9.00	\$0.00			
INDEP. CLAIMS	8 -	12 =	0	x \$42.00	\$0.00			
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00			
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
 <u>Kathleen A. Tyrrell</u> <i>Signature</i> Kathleen A. Tyrrell, Reg. No. 38,350								
Dated: January 26, 2005								
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